

## Appendix 1: Interview guides

*Note: This content is unedited by the Australian Journal of General Practice editorial team to accurately reflect the research conducted.*

DiRECT Aus-Study Interview Guide – Clinical Staff (GPs, Dietitians, other practice staff- PNs)

Our overall objectives are:

to explore the patient experience of DiRECT-Aus and the patient perspective of factors affecting outcomes;

to determine the perceived barriers and facilitators for implementing DiRECT-Aus at scale, including acceptability, reach, adoption, fidelity, and sustainability.

You have been invited to do an interview with us because you were involved in the DiRECT Australia trial.

### Overall experience

Can you tell me about your experience of delivering the trial, what did it involve for you?

Why did you decide to do it?

How did you find it? Was it satisfying as a clinician?

What was good/bad about it? What did you find challenging?

What do you think was the most important thing in the trial? The thing that had the most impact on you or your involvement?

If they were to run something like this again what should they do differently? What could be improved upon?

Would you volunteer to do something like this again?

How different was this from what you usually do?

Would DiRECT be more useful for some patients than others?

Did participation change your practices in lasting ways?

Overall, how well did DiRECT meet your needs and expectations? Does it fit within existing practice goals? Are these goals already monitored? Will participation in DiRECT change the way you monitor these goals?

What was the impact on your business e.g. turnover, income, length of consults?

What was your personal view of Very Low Calorie Diet before the trial?

Did this change over time during DiRECT from seeing success (or lack of) with patients?

### Practice set up

Do you think anything about the practice itself has an impact on how the trial went in your practice?

Practice age, size, location, physical layout, staff composition, patient population

Was there someone in the practice who led the involvement in DiRECT?

How were DiRECT activities communicated between staff members?

Is this the same as or different to usual communication in the practice?

How were DiRECT activities communicated between the DiRECT dietitian and practice and GP?

When processes or clinical management are changed in the practice how does that usually happen? was it the same for implementing DiRECT?

### Relationships

What do you think the role of the therapeutic relationship played in implementing DiRECT for you? (clinician and patient relationship)

How did you keep in touch with GP/dietitian during the trial? How often did you share information? What information did you share? Was this difficult/easy? Did you have shared clinical software?

Did the dietitian have an existing relationship with the practice/GPs before the trial?

### Telehealth

What role did you play in telehealth activities for the trial?

How did that compare to face to face appointments?

Did you deliver group consultations?

What were the differences between the groups and individual consults?

Were the groups acceptable from your perspective?

Were the groups as feasible as the individual consults? What made them work/not work?

### Sustainability

Is DiRECT something you/your practice could do in the long term? What makes it sustainable or not?

What role would you play - the same as the trial? Or anything that would need to change?

How were the dietitians paid to be part of the trial? What could this look like in the future? Could practices be responsible for employing dietitians? Or could dietitians be private contractors?

### Pandemic

Did the pandemic have any impact on trial participation? In what ways?